

Prepared by ~~and Return to:~~  
Realty Title and Escrow  
6397 Goodman Rd, Suite 112  
Olive Branch, MS 38654  
(662)893-8077  
File No. 05080285

8/05/05 9:40:07  
BK 506 PG 499  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

## WARRANTY DEED

**Charles E. Davis Jr., Boyce Dale Davis, Jennifer Davis Carson, and Robert L. Davis**

**Candice A. Roberts**

- Grantor(s)

- Grantee(s)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable considerations, Charles E. Davis Jr., Boyce Dale Davis, Jennifer Davis Carson and Robert L. Davis do hereby sell, convey and warrant unto Candice A. Roberts, \_\_\_\_\_, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 27, Smokey Hollow Farms Subdivision, situated in Section 33, Township 3 South, Range 5 West, as shown on plat of record in Plat Book 8, Page 37 in the Chancery Clerk's Office of DeSoto County, Mississippi.

The above-described property was conveyed to the Grantors herein by Warranty Deed of record in Book 413, Page 225, in the Chancery Clerk's Office of DeSoto County, Mississippi, with the reservation of a life estate by Charles E. Davis, Sr. and wife, Estelle Davis. Charles E. Davis, Sr. died August 1, 2002. Estelle Davis joins in this conveyance for the sole purpose of granting, bargaining and conveying all homestead or any other rights or interests she may have or may hereafter acquire in said property by virtue of the life estate reserved in said Warranty Deed.

Further, the herein described property in no longer the homestead of Estelle Davis.

Charles E. Davis, Jr. will execute this Warranty Deed on behalf of Estelle Davis pursuant to the Durable Power of Attorney recorded in Book 104, Page 751, in the Chancery Clerk's Office of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and the restrictive covenants of record.

IT IS AGREED and understood that the taxes for the current year have been prorated as of this date on an estimated basis, and when said taxes are actually determined, if the proration as of this date is incorrect, then the parties hereto agree to pay on the basis of an actual proration.

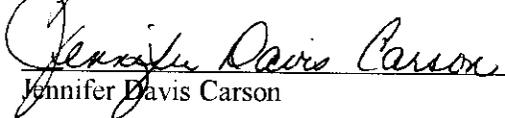
WITNESS our signature this 29th day of July, 2005.



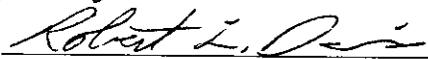
Charles E. Davis Jr.



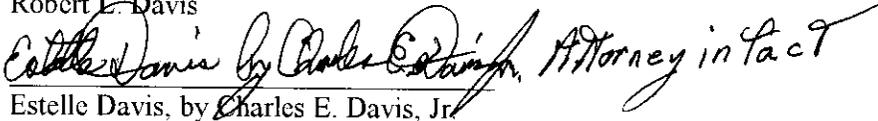
Boyce Dale Davis



Jennifer Davis Carson



Robert L. Davis



Estelle Davis, by Charles E. Davis, Jr.  
Attorney in Fact

Return to:

AUSTIN LAW FIRM, P.A.  
ATTORNEYS AT LAW  
6928 COBBLESTONE DRIVE, SUITE 100  
SOUTHAVEN, MS 38672

662-890-7575

S05-0809

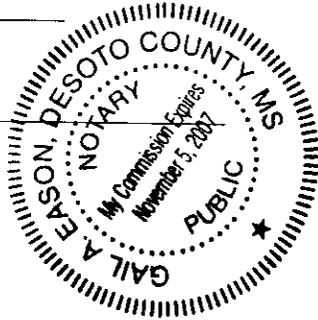
Personally appeared before me, a Notary Public in and for said State and County, Charles E. Davis Jr., Boyce Dale Davis, Jennifer Davis Carson, and Robert L. Davis, the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 29<sup>th</sup> day of July, 2005.

Gail A Eason  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)



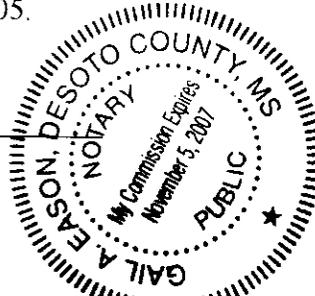
STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, Charles E. Davis, Jr., who acknowledged to me that he is attorney in fact of Estelle Davis and that for and on behalf of said Estelle Davis and as her act and deed, he subscribed the name of Estelle Davis to the foregoing instrument of writing as principal and his own name as attorney in fact, and signed and delivered the same on the day and year and in the capacity therein mentioned, having been first duly authorized so to do.

Given under my hand and official seal, this 29<sup>th</sup> day of July, 2005.

Gail A Eason  
(Notary Public)

My commission expires: \_\_\_\_\_



Grantors' Address:

5205 Red Banks Rd. S.

Byhalia, MS 38611

H- N/A

W- 893-8077

Grantees' Address:

14472 French Rd

Byhalia, MS 38611

H- 857-6810

W- 863-0783



STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>Charles Eugene Davis, Sr.</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>August 1, 2002</b>			
4. SOCIAL SECURITY NUMBER (of Deceased) <b>428-56-0538</b>		5a. AGE-LAST BIRTHDAY (Years) <b>67</b>	5b. UNDER: YEAR MOS. DAYS	5c. UNDER: DAY HOURS MIN	6. DATE OF BIRTH (Month, Day, Year) <b>Jan. 20, 1935</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Cockrum, MS</b>		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) <b>Baptist East Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>	
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Estelle Shackelford</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Truck Driver</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Transportation</b>			
13a. RESIDENCE-STATE <b>MS</b>		13b. COUNTY <b>Desoto</b>		13c. CITY, TOWN OR LOCATION <b>Byhalia</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>14472 French Rd.</b>			
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>38611</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>			
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5)				17. FATHER'S NAME (First, Middle, Last) <b>Boyce Eugene Davis</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Florence Elizabeth Sowell</b>	
19a. INFORMANT'S NAME (Type/Print) <b>Estelle Davis</b>				19b. RELATIONSHIP TO DECEASED <b>Wife</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>14472 French Rd., Byhalia, MS 38611</b>			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Emory Cemetery</b>		20c. LOCATION-City or Town, State <b>Olive Branch, MS</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>James L. Whay</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS387</b>		21c. SIGNATURE OF EMBALMER <i>Kevin Hughes</i>			
21d. LICENSE NUMBER OF EMBALMER <b>5349</b>				22a. NAME AND ADDRESS OF FUNERAL HOME <b>Brantley Funeral Home P. O. Box 428, Olive Branch, MS 38654-0428</b>					
22b. LICENSE NUMBER OF FUNERAL HOME <b>FE117</b>				23. REGISTRAR'S SIGNATURE <i>Mary Ann B... Deputy</i>					
24. DATE FILED (Month, Day, Year) <b>AUG 22 2002</b>				25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Arnel Pallera, MD</i>					
25b. LICENSE NUMBER <b>30872</b>				25c. DATE SIGNED (Month, Day, Year) <b>8/12/02</b>					
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER					
26c. DATE SIGNED (Month, Day, Year)				27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Arnel Pallera, 100 N. Humphreys, Suite 100, Memphis, TN 38120</b>					
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Acute leukemia</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Sepsis</b> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____				Approximate Interval Between Onset and Death					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>			
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				31d. DESCRIBE HOW INJURY OCCURRED					
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

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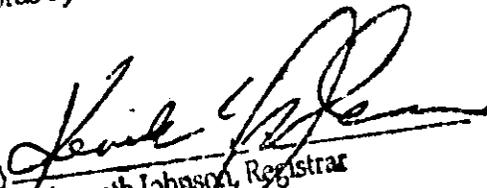
NAME OF DECEDENT For use by physician or institution

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,  
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of  
the record filed with the Tennessee Vital Records by the Memphis and Shelby County  
Health Department.

SEAL

AUG 22 2002

Date Issued

by   
Kenneth Johnson, Registrar  
Vital Records Section